

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050219

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3800

FILED JAN 9 1964

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If outside, give location) 2340 Menard	

3. NAME OF DECEASED (Type or print) First Middle Last RUDOLPH GOFF		4. DATE OF DEATH Month Day Year December 13th, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-12-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dr. Brazing Oven		11. BIRTHPLACE (City and state or country) Cadet, Mo.	
10b. KIND OF BUSINESS OR INDUSTRY Industrial Eng. & Equip. Co.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Elmer Goff		13b. MOTHER'S MAIDEN NAME Margaret Coleman		14. NAME OF HUSBAND OR WIFE Mary Ethel Goff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No No		16. SOCIAL SECURITY NO.		17. INFORMANT Mary Ethel Goff, same	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease A.S. & D. DUE TO (b) Sudden DUE TO (c) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) asthma		PART III. If deceased was female was there a pregnancy in last 90 days. 4201 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. none		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from 5/3/63, to 11/14/63 and last saw him alive on 11/14/63 Death occurred at 12/12/63 on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Rustin C. Kelle M.D.		22b. ADDRESS 3902 Lafayette		22c. DATE SIGNED 12/22/63	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-16-63		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
23d. LOCATION (City, town, or county) Blackwell, Missouri		(State)			

24. FUNERAL DIRECTOR Mahn Funeral Home, DeSoto, Missouri		25. DATE RECD. BY LOCAL REG. 12-13-63		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	
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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

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JAN 31 1964

JAN 17 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gerald J. Mahan  
Licensed Embalmer No. 4975  
P. O. Address De Soto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.